

Information and Education Program "To Free Metro D.C. of VD"

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A RESURGENCE of venereal disease in the United States after the quiescence of the 1950s caught the nation by surprise. A public satisfied that conquest of this disease was only a penicillin shot away turned to other concerns and is only now awakening to the reality that not only is venereal disease still with us, it is more widespread than ever before.

If, as Dr. Leona Baumgartner has said, "Communication is as much a part of medicine as penicillin" (1), then we must look to communication as at least the first step in a new battle strategy for the war on venereal disease. Acting on this premise, the staff of the Community Health and Hospital Administration of the District of Columbia Department of Human Resources established a comprehensive venereal disease information and education program in February 1972, which was highlighted with a Clinical Week, October 8-14, 1972.

U.S. Venereal Disease Rates

By 1972 infectious syphilis and gonorrhea had been on the increase in the United States for more than a decade. During fiscal year 1960 there were 12,471 reported cases of infectious syphilis in the country, or a rate of 7.1 per 100,000 population. By fiscal 1972 that number had climbed to 24,000, a rate of 11.7. The gonorrhea statistics are even worse. In fiscal 1960 the Public Health Service recorded 246,697 cases of gonorrhea, a

rate of 139.6. By fiscal 1972 the number of cases had skyrocketed to an unprecedented 718,401 and a rate of 349.7 (2a). And even these dramatic statistics do not tell the entire story, since many cases are not reported. It is estimated that private physicians treat more than four of every five venereal disease cases in the United States, but report only one in five (3).

Venereal Disease in the District

The nation's Capital experienced the same general rise in venereal disease as the rest of the country. Because the District of Columbia is subject to domestic, national, and international scrutiny, public health officials of the city feel special concern about the incidence of venereal disease. Some 750,000 people reside in the District, and millions of tourists visit the city each year.

In fiscal year 1971 the District's infectious syphilis rate was fourth highest among U.S. cities of 200,000 population and over; in fiscal 1972 its infectious syphilis rate put the city in first place among cities of that population. The gonor-

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rhea rate was fourth highest in fiscal 1971, a position the District maintained in fiscal 1972.

The District supports an active casefinding program on an ongoing basis, and this perhaps accounts at least in part for its high venereal disease rate. According to Dr. Raymond L. Standard, D.C. health director, "Statistics do not give an accurate picture of the District's syphilis and gonorrhea problem. Our good case finding program has catapulted us into first place in reported cases of infectious syphilis and fourth place in reported cases of gonorrhea among cities with populations of 200,000 and over in the U.S."

Target Population

Obviously, before an attack can be made upon venereal disease, we need to know who has it. Fortunately the answer is now available. Teenagers and young adults have a higher incidence than other age groups. During the calendar year 1971 the Public Health Service reported that the rate of infectious syphilis in the United States was highest in persons 20-24 years of age, followed by those 25-29, and then by those 15-19. In the same year the gonorrhea rate was highest in persons 20-24, followed by those 15-19, and then by those 25-29 (2*b*). Other statistics offer even greater detail: gonorrhea is twice as prevalent among those 25 years and younger as among those over 25 (4). One of every five high school students is likely to contract gonorrhea before graduating (3).

But knowledge of the groups that are susceptible to venereal disease is also not enough. Antibiotic therapy can cure gonorrhea and syphilis, but the simplistic assumptions of the 1950s that venereal disease would soon be conquered have proved to be naive. Eighty percent of the American women with gonorrhea are asymptomatic. What good is penicillin when four of every five women with gonorrhea do not know they have it, do not seek treatment, and thus spread the infection to unsuspecting partners during sexual activity? An educational program, designed to provide information in terms people understand, is needed if we are to break the chain of infection.

Education and Information Plan

To overcome public apathy about venereal disease, an education and information plan spanning county and State lines was therefore put into effect in February 1972 in the Washington metropolitan area. Medical and lay representatives of

the District and the neighboring jurisdictions of Montgomery and Prince Georges Counties in Maryland and of Arlington, Alexandria, Fairfax, Loudoun, and Prince William Counties in Virginia were brought together to review the plan and join forces in a campaign to "Free Metro D.C. of VD."

Four objectives for the campaign were agreed upon: (a) to provide information about venereal disease, (b) to make people aware of the symptoms and encourage them to seek medical care early, (c) to alert the community to the medical facilities where diagnosis and treatment were available, and (d) to show people how to enter the medical care system.

The staff of the Department of Human Resources realized that the full cooperation of local and areawide agencies and private individuals would be needed to implement the plan. Accordingly, for advice and active participation the staff turned to governmental health agencies, news media, medical societies and their auxiliaries, the Social Hygiene Society, the Health and Welfare Council, schools and colleges (including administrative staff, teachers, and students), hospital insurance groups, civic and citizens groups, pharmaceutical organizations, drug manufacturers, fraternal orders, labor unions, hospitals, libraries, and other voluntary agencies and persons interested in this public health problem.

Letters were sent to community groups inviting their participation, and 43 sent written endorsements of the education and information program. As the program gained momentum, special interest groups added their support.

Committees to Implement the Program

Committees were set up to perform a variety of functions.

Community Action Committee. A Community Action Committee was assigned the responsibility for discussing venereal disease control with community groups. Each committee member in effect became a teacher and "passed the word." Teenagers shared equally in the planning and implementation of the educational task. By meeting with their peers and discussing venereal disease in the language of the youth culture, they were able to strip away the barriers of jargon and correct misconceptions. Representatives of the Spanish-speaking and the Chinese communities



You Can Free Metro D.C. of VD

**Call the VD Hotline for confidential information
VD 2-7000**

Bus cards, placed in 1,400 D.C. Transit buses during October 1972, carried the theme of the venereal disease educational program and advertised the V.D. Hot Line telephone number

performed a similar service for their constituencies. In some areas block leaders went from door to door distributing printed materials about venereal disease and answering questions.

School Committee. Representatives from the area medical schools, nursing schools, colleges and universities, and public and private schools were invited to a meeting to discuss the venereal disease problem. The venereal disease epidemic and the high rates of infectious syphilis and gonorrhea among high school and college students were discussed, and a School Committee was organized. Committee members agreed to encourage students and faculties to participate in the venereal disease education program. Training sessions were conducted for teachers and student leaders, who in turn carried the message to other teachers and students. Talks about venereal disease and rap sessions in classrooms and dormitories and on campuses provided authoritative information, and misconceptions were corrected. Students from a number of colleges created attractive exhibits.

On one campus a venereal disease information booth, with the comic character Lucy as a motif, was set up where students and others could go for answers to questions about prevention, symptoms, and treatment facilities. Some 75,000 brochures were distributed to students in the public schools, where they were used as a basis for class discussion. Posters especially prepared for the

campaign were displayed in places where students congregated. These posters advertised the VD hotline, a telephone number which anyone could call for information.

Public Information Committee. To provide information to large numbers of people in the metropolitan area, experts from the news media, public relations specialists, and other persons proficient in communications were invited to review the venereal disease problem and suggest appropriate steps to take in reaching the public.

Bringing together representatives of the press, radio, and television early in the campaign offered an extra dividend. Mild interest in the venereal disease problem often turned to commitment. Not only were news releases, spot announcements, editorials, and special radio and television programs prepared, but news media representatives saw to it that they were actually used. Almost every radio and television station in the area provided information about the venereal disease campaign. Some stations were, of course, more generous with time than others. WETA-TV, the public broadcasting station, produced a 1-hour local program, which followed a 1-hour national program entitled "VD Blues" that starred Dick Cavett. Following this 2-hour broadcast, WETA-TV aired an additional 1-hour program in which participants from the "Free Metro D.C. from VD" campaign answered questions on venereal disease. The cost of the local presentation, estimated at



Almost 400 persons attended a news conference called at the District of Columbia City Hall to focus attention on the venereal disease problem and the educational program designed to help control it. Representatives from area newspapers, television stations, and radio networks were present, along with reporters and news editors from high school and college newspapers.

approximately \$10,000, was assumed by the local television station.

The Public Information Committee, with representation from other committees, designed pamphlets, posters, bus cards, and buttons saying "I'm VD Free, Are You?" Twenty thousand of the buttons were reproduced, and they were in demand continuously from the time they were introduced until the supply was depleted.

Throughout the campaign almost a quarter of a million pamphlets were distributed, and 2,500 posters were placed in schools, colleges, drug-stores, banks, shopping centers, clinics, public buildings, community centers, and the offices of physicians, dentists, podiatrists, and other professionals. Arrangements were made to place the bus cards in 1,400 D.C. Transit buses.

Medical Committee. Physicians from the medical societies and the official health agencies of the area formed the nucleus of a Medical Committee, which formulated overall medical policy. The committee made arrangements for 55 different locations where people would be able to go for venereal disease testing, diagnosis, and treatment during Clinical Week.

Areawide hospitals and a few private practitioners volunteered to take part in the screening program. At some locations there was no charge; at others the cost varied according to ability to pay. Some of the clinical facilities extended their hours into the evening so as to accommodate as many people as possible.

Arrangements were made to provide the clinics with cultures, antibiotics, and a messenger service. If a clinic in the District did not have a laboratory, cultures were taken to the laboratory of the D.C. Department of Human Resources for analysis. Results of the tests were made available to the physician as quickly as possible. Also, a reporting system was set up to provide venereal disease investigators with the information needed for followup.

Speakers Committee. A number of persons were recruited and trained for a Speakers Committee. Members of this group discussed venereal disease control with community groups and in school assembly programs. From time to time the speakers oriented recreational leaders and others to the venereal disease problem, and these persons passed the information along to youngsters at playgrounds and recreation centers.

Strategy

Each of the municipalities that took part in the "Free Metro D.C. of VD" campaign was encouraged to follow the District's program plan, but to make changes in accordance with local needs. From time to time representatives from the District and the other municipalities met to exchange ideas and review activities. It was 8 months from the February planning stages to the program's highlight—Clinical Week.

A list was prepared of the hospitals, clinics, and a few physicians' offices that would be available during Clinical Week to screen, diagnose, and treat persons with venereal disease. Three thousand copies of this list were reproduced and distributed to schools, colleges, community groups, and clinics before the beginning of October. To further publicize the campaign, the Public Information Committee invited the news media, reporters from college and high school newspapers, and representatives from community agencies to a news conference conducted in the D.C. City Hall. Press kits, put together in advance, were distributed at this conference to almost 400 persons. Mayor Walter E. Washington issued a venereal disease proclamation for the occasion, as did executive officers of some of the other jurisdic-

tions taking part in the program. The news conference was widely reported in area newspapers and on radio and television.

Hot Line

The VD hotline was established to provide an easily accessible channel for public information. The telephone number, VD 2-7000, was advertised in pamphlets, posters, bus cards, and through the news media. High school teenagers who had been briefed on the most important questions and answers about venereal disease manned five telephones. Their preparation included attendance at six training sessions, in which the following subjects were presented and discussed: venereal disease control; the symptoms of gonorrhea, syphilis, and other venereal diseases; complications from untreated disease; screening procedures; treatment facilities; and the importance of providing complete and up-to-date information to those who request it. The teenagers, all of whom worked for the project part time and attended school full time, earned \$1.60 an hour. The largest portion of the funds for the hot line came from the Neighborhood Youth Corps, but these funds were supplemented by monies from the D.C. Government.

The hot line, housed without charge in space

A paid announcement was printed three consecutive days in the two District of Columbia daily newspapers to encourage attendance at the venereal disease clinics being held during Clinical Week

YOU CAN FREE METRO D.C. OF V.D.

You could have VD and not know it

**For a list of medical clinics where
you can be examined during
the Week of October 9-14**

**Call VD Hotline
VD-2-7000**

**Community Action Committee to Free Metro
D.C. of V.D.**

provided by the D.C. Recreation Department, became operational during the latter part of September 1972; by the end of the year it had received more than 4,000 telephone calls. By March 1973 almost 29,000 calls had been received, an average of more than 100 calls a day since September 1972. This figure includes all persons who telephoned during each 24-hour period. Those calling after 9 pm one day and before 3:30 pm the next afternoon were answered with a recorded message giving clinic locations in the area.

Large cards advertising the VD Hot Line were placed in the District's 1,400 buses, and many buses continued to display the posters long after the October campaign. This practice was true also for many of the 2,500 posters placed in community agencies, hospitals, clinics, pharmacies, banks, shopping centers, store windows, and other public buildings.

Educational Activities

In the months before the campaign the program participants inundated the Metropolitan Washington area with information on venereal disease. Approximately a quarter of a million pamphlets on the venereal diseases were distributed, primarily to school youngsters and young adults. Scores of training sessions were conducted for school teachers, recreational leaders, and community representatives. Teachers discussed venereal disease control in the classroom. High school students were trained to answer questions about venereal disease and brought groups of students together to correct misconceptions about venereal disease and to discuss it openly and freely in terms that youngsters understand. College students held meetings in dormitories, student union buildings, and other places where young people congregated. Orientation sessions, some sponsored by drug manufacturers, were set up for physicians.

Twenty thousand buttons reading "I'm VD Free, Are You?" were distributed at community meetings, in classrooms, on college campuses, and during inservice training sessions. Although the supply was exhausted within 2 months after the initial distribution, people were still wearing the buttons months later. Unexpectedly, the buttons became a "conversation piece" and seemed to spark informal conversations about venereal

disease control and the educational program itself.

Cost of Program

The program's major expenses totaled \$16,785, a nominal outlay which can be divided into two categories: (a) the cost of publicity materials and (b) the cost of medical services and supplies.

<i>Item</i>	<i>Cost</i>
Pamphlets (225,000)	\$ 4,300
Posters (2,500)	380
Campaign buttons (20,000)	495
Cards for buses (1,400)	490
Labor to put up and take down bus cards ...	700
Advertising space on 1,400 buses	donated
Advertisements in 2 daily newspapers for 3 days	845
News clipping service for 3 months	75
Materials for culturing specimens	2,600
Antibiotics	200
Overtime for evening clinics (physicians nurses, clerical, and so forth)	6,700
Total	\$16,785

These items do not reflect the thousands of dollars' worth of professional time donated by news media experts, nor the value of the radio and television spot announcements that were contributed, the funds that were added by pharmaceutical agencies to pay for training sessions for physicians, the testing and treatment facilities that were made available without charge during Clinical Week, nor the time contributed by volunteers.

Evaluation of Program

In many respects an information and education program defies evaluation. It is possible, however, to draw some conclusions on the basis of quantitative comparisons. For example, the amount of space in area newspapers devoted to venereal disease control for a 3-month period before the campaign (June through August 1972) was 25 column inches, compared with 2,256 column inches for a 3-month period during the campaign (September through November 1972).

Although we have no exact count of the radio and television stations that presented venereal disease information during June, July, and August 1972, the general consensus was that few, if any, programs on the subject had been presented. During September, October, and November, however, 21 radio and television stations publicized venereal disease education. Each of these stations reported using 15-, 30-, and 60-second spot announcements. The frequency of the announcements ranged from several an hour to a few each week. In addition, editorials and 60-minute programs

were aired. Four television stations provided 10-, 20-, 30-, and 60-second spot announcements several times a day.

During Clinical Week 2,833 people were screened for venereal disease. Of these, 338 were found to have gonorrhea and 35, infectious syphilis.

Cases found	Males	Females	Total
Total screened	1,451	1,382	2,833
Gonorrhea	246	92	338
Infectious syphilis	25	10	35

After the campaign private physicians sent more cultures from female patients to the laboratory of the Department of Human Resources for analysis than they had previously, as the following table shows. It gives the results of tests for gonorrhea of the cultures private physicians sent to the laboratory during two 3-month periods in 1972, before and after the campaign.

Period	Persons tested	Results	
		Negative	Positive
July 1 to Sept. 29	449	431	18
Sept. 30 to Dec. 29	4,183	4,062	75

This upward trend continued, and a special program that was geared toward obtaining gonorrhea culture tests provided more than 100,000 of these tests during 1973 among women in Washington, D.C., between the ages of 15 and 44. Excluding duplicates and out-of-city residents, this proportion is at least 7 times higher than the national goal of 5 percent.

During October 1972, the month in which the awareness program reached its peak, 2,484 patient visits were made to the Northwest Central Venereal Disease Clinic, or a daily average of 119. In that month the clinic reached an all-time

high in the number of patient visits, and 909 males were found to have gonorrhea.

The primary and secondary syphilis rates before and after the campaign reversed themselves, as the following figures show:

Stage of syphilis	Cases 1st 8 weeks of 1972		Cases 1st 8 weeks of 1973	
	Number	Percent (N=126)	Number	Percent (N=130)
Primary	44	35	68	52
Secondary	82	65	62	48

One might conclude from these figures that those with infectious syphilis were both recognizing it earlier and obtaining medical care.

Conclusion

If venereal disease casefinding and reporting efforts in the District of Columbia continue at the current pace during the next few years, venereal disease rates will probably continue to rise; as the rates go up, more and more patients will be treated, and more contacts will be found. Through the years, however, as people learn how to prevent venereal disease, the rates should begin to recede. Health officials in the District of Columbia believe that the final battle against venereal disease has begun.

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CONN, ROBERT H. (District of Columbia Department of Human Resources): *Information and education program "To Free Metro D.C. of VD."* Health Services Reports, Vol. 89, May-June 1974, pp. 293-299.

A low-cost community-action program designed to control the spread of venereal disease by providing information about it was instituted in the District of Columbia and its neighboring jurisdictions early in 1972. This program crossed county and State lines. It brought together representatives from official health agencies and community groups. Teenagers and young adults participated in planning the educational program and implementing suggestions that had been approved by the committees set up to organize the program.

The week of October 8-14, 1972, was designated as Clinical Week. During this week, 55 sites in hospitals, government buildings, and the offices of private physicians were staffed by medical specialists, who provided the public with screening tests for gonorrhea and syphilis. Any person diagnosed as having a venereal disease was treated. Almost 3,000 people used the clinical facilities during this week; 338 were found to have gonorrhea, and 35 syphilis.